



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION
LOBBYIST REGISTRATION FORM
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
PACOPAC	JAMES	C.	808 220-4121
MAILING ADDRESS (Street)			FAX
1908 SKYLINE DR.			808 595-9191
(City)	(State)	(Zip Code)	
HON.	HI	96817	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
SPJ CONSULTING, LLC			808 220-4121
MAILING ADDRESS (Street)			FAX
45-248 A PAHIKAVA PLACE			
(City)	(State)	(Zip Code)	
KANEOTE	HI	96744	

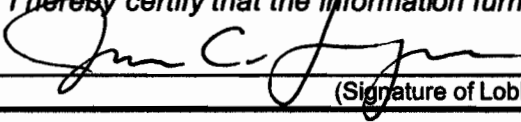
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
HAWAII SUPERFERRY, INC.		808 531 7400
MAILING ADDRESS (Street)		FAX
PIER 19 FERRY TERMINAL		808 531 7410
(City)	(State)	(Zip Code)
HONOLULU	HI	96817
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
JULIE LEO		808 531 7400
MAILING ADDRESS (Street)		FAX
SAME AS ABOVE		808 531 7410
(City)	(State)	(Zip Code)

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	<input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input checked="" type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (Indicate below)
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST

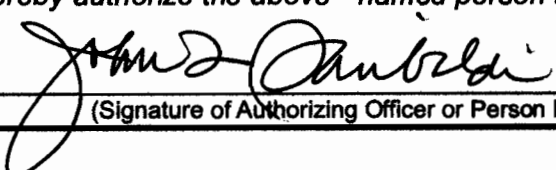
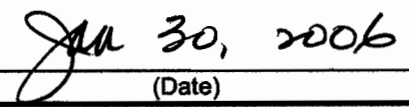
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME JOHN L. GARIBALDI		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED PRESIDENT : CEO	
NAME OF ORGANIZATION (if applicable) HAWAII SUPERFERRY, INC.		TELEPHONE 808 531 7400	
MAILING ADDRESS (Street) PIER 19 FERRY TERMINAL		FAX 808 531 7410	
(City) HONOLULU	(State) HI	(Zip Code) 96817	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
			
(Signature of Authorizing Officer or Person Represented)		(Date)	